

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

**GEORGIA STATE BOARD OF PROFESSIONAL ENGINEERS & LAND SURVEYORS**  
**237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440**  
**[www.sos.ga.gov/plb/pels/](http://www.sos.ga.gov/plb/pels/)**

**APPLICATION FOR CERTIFICATE AS A PROFESSIONAL ENGINEER**

**Application Fee \$70 (non-refundable)**

**License Type: PROFESSIONAL ENGINEER**

**Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards):** \_\_\_\_\_

**Method Obtained by:** Applicant is applying for above referenced license by: **Comity**  
Original PE license from the **State of** \_\_\_\_\_

**Name** as desired on License (*First, Middle, Last, Suffix*): \_\_\_\_\_

Name as shown on exam records or transcripts (*First, Middle, Last, Suffix*):  
(*if different*) \_\_\_\_\_

**Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physical Address:** # Street \_\_\_\_\_ Apt/Ste: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
***P.O. Box not acceptable for Physical Address***

**Mailing Address:** # Street \_\_\_\_\_ Apt/Ste: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
(*if different*) \_\_\_\_\_

**Telephone Day:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Telephone Evening:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**E-Mail Address:** \_\_\_\_\_

***Affiliation:***

**Name of firm:** \_\_\_\_\_

**Physical Address:** # Street \_\_\_\_\_ Apt/Ste: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
***P.O. Box not acceptable***

**Mailing Address:** # Street \_\_\_\_\_ Apt/Ste: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
(*if different*) \_\_\_\_\_

**NOTE TO APPLICANT:** This information will be entered into the Division database for Accounting and Licensing purposes. All items must be completed, and then duplicated on the next page of the application for Board review.

## APPLICATION FOR REGISTRATION AS A PROFESSIONAL ENGINEER BY COMITY

**Note: NCEES Record Holders are required to completely fill out sections 1 through 5. NCEES Record Holders are not required to submit endorsements, verification of licensure/exams or transcripts as those items are part of the NCEES Record.**

### Section 1: General Information

Date: \_\_\_\_\_

Name (First, Middle, Last, Suffix): \_\_\_\_\_

Home Address: # Street \_\_\_\_\_ Apt/Ste: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred address: # Street \_\_\_\_\_ Apt/Ste: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Have you ever been convicted or pled nolo contendere, pled guilty, or been given first offender status for any offense status for any offense which is a felony, misdemeanor, a crime violating a federal law involving controlled substance or dangerous drug, or a DUI or DWI? <i>If yes, provide documentation.</i>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Have you ever had a license that was revoked, suspended, restricted, probated, or surrendered to any licensing board or agency? <i>If yes, provide documentation.</i>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Have you ever been found liable in civil court of any misconduct, fraud, or negligence in the practice of engineering or land surveying? <i>If yes, provide documentation.</i>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Has any professional license granted to you been revoked, suspended or otherwise sanctioned publicly or privately, or have you ever been denied license, by any board or agency in Georgia or any other state? <i>If yes, provide documentation.</i>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Do you hold a current NCEES Record that you plan to submit? <i>If yes, contact NCEES for record to be sent electronically to the GA Board and complete all of sections 1 through 5 of this application.</i>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Are you currently registered as a Professional Engineer in the state where you live? <i>If no, why not?</i> _____	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Has your name changed since birth? <i>If yes, why?</i> _____	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Have you ever applied to this Board for registration before? <i>If yes list when and what type of application</i> _____	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

Which one branch of engineering do you propose to practice in the state of Georgia? \_\_\_\_\_

Designate the special branches of engineering in which you have been examined: \_\_\_\_\_

Present Employer \_\_\_\_\_ Position: \_\_\_\_\_

**Note: It is the Board's policy for Comity applicants who practice or propose to practice Structural Engineering and have taken the PE exam in a discipline other than Structural, to have a minimum of 60 months of Structural engineering experience after successful examination acceptable to the Board at the time of application.**

**Section 2: Registration****PE COMITY**

EIT-State \_\_\_\_\_ Certificate No \_\_\_\_\_ Date of Certification as EIT: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of hours written exam ("0" if no written examination taken): \_\_\_\_\_

PE-State \_\_\_\_\_ Certificate No \_\_\_\_\_ Date of first registration as a PE \_\_\_\_/\_\_\_\_/\_\_\_\_

If registered by written exam, indicate number of hours for the exam ("0" if no exam taken): \_\_\_\_\_

Indicate exam options taken: \_\_\_\_\_

List all states in which you are currently registered as a PE: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

List other states and types of registration for which you have applied or are currently applying but do not have final notification of registration: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

NOTE: If you hold an NCEES Council Record and plan to submit it in lieu of endorsements, verification of licensure/exam and transcripts, then you should completely fill out Sections 1 through 5 of this application and contact NCEES to have them electronically transmit your NCEES record to the Georgia Board for consideration. For further information regarding an NCEES Council Record, please contact NCEES at [www.ncees.org](http://www.ncees.org) or 1-800-250-1396.

NOTE: If you do not hold an NCEES Council Record, you will need to bundle and send with your application:

- Official transcripts for each college attended, whether you graduated or not
- Evaluation of foreign degree (if you earned your bachelor's degree outside the US) from an approved provider. If you choose not to have an evaluation, you will need to send a letter indicating so.
- Verification of original exam/licensure of both the EIT and PE, and if different, verification of licensure from the state where you live now. If you are not licensed in your residence state, indicate in Section 1.
- Endorsements for all experience you list in Section 3. You must have at least five endorsements/references from five (5) individuals, three (3) of which must be currently active PE's, that are not related to you by blood or marriage, are not Board members and who have personal knowledge of your engineering experience, reputation and accomplishments.

All of the above supporting documentation must be sent to the Board in sealed envelopes, with the back flap signed to ensure no tampering. Some states/agencies/individuals prefer to send their documentation directly to the Board, which is permissible. This information will be maintained at the Board office and added to the application file upon receipt.

**NOTE: Be sure to sign your application and have your signature notarized (Section 5.)**

Board Use Only Section:

School	Degree/Date	Abet Yes	No
Masters	Degree/Date	Abet Yes	No
Technology	Degree/Date	Abet Yes	No
Other	Degree/Date	Abet Yes	No
EIT/Date Obtained	PE/Date Obtained	Discipline	

### Section 3: Engineering Experience

### PE COMITY

Engmt #	Company Name	Your Title	Part Time?	From mm/yy	To mm/yy	Total Months	%	Qex	%	Qex	%	Qex	%	Qex	%	Qex
TOTAL NUMBER OF ENDORSEMENTS FORMS: _____				Education Total												
NCEES Record Requested in lieu of endorsements <input type="checkbox"/> Yes <input type="checkbox"/> No				Experience Total												
Field:				Total Months												
References: Positive ( ) Negative ( )				Board Member's Initials												
Special:																

*Shaded areas are for Board use only*

**Note:** List all engagements of engineering experience beginning with the earliest and ending with your current position. Endorsement form (Section 6) should correspond with this section. All engagements listed must be described on an endorsement form and someone familiar with your work (preferably your supervisor) should endorse it.

**Section 4: Education**
**PE COMITY**

INSTITUTION AND LOCATION	FROM Mo/Yr	TO Mo/Yr	Date of Graduation		
<b>High Schools: (<i>Transcripts not needed</i>)</b>					
1.					
2.					
<b>Colleges and Universities: (<i>Transcripts needed from all schools ever attended listed unless applicant is submitting NCEES record</i>)</b>	<b>FROM Mo/Yr</b>	<b>TO Mo/Yr</b>	<b>TOTAL MONTHS</b>	<b>MAJOR FIELD</b>	<b>DEGREE EARNED</b>
1.					
2.					
3.					
4.					
5.					

**Section 5: Affidavit by Applicant**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Registration for Professional Engineers and Land Surveyors, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on page 12 of the application.**

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Registration for Professional Engineers and Land Surveyors and/or criminal prosecution.

State of \_\_\_\_\_, County of \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(SEAL)

**NON-ENGINEERING AND RELATED GAPS**  
**PLEASE LIST (references not needed)**

**PE COMITY**

**Applicant Name:** \_\_\_\_\_

**If no gap information is needed to be entered, check here:** ☐

From _____	To _____
Description _____	
From _____	To _____
Description _____	
From _____	To _____
Description _____	
From _____	To _____
Description _____	
From _____	To _____
Description _____	

**Section 6: Endorsement Form****SECTION 6-A (TO BE COMPLETED BY APPLICANT)**

Name: \_\_\_\_\_

Engagement # as listed in Section 3: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This endorsement is for: Reference & Experience Verification ☐ Reference Only ☐ Experience Verification Only ☐

**GA Law Section 43-15-15(d) states: "An application shall contain the names of not less than five persons, not related to the applicant by blood or marriage, of whom at least three shall be registered, active professional engineers...having personal knowledge of the experience on which the applicant predicates his qualifications."**

Experience described on this form was obtained while employed by (*company name*): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For this engagement, please provide name of direct supervisor: \_\_\_\_\_

Was your direct supervisor a registered PE? Yes ☐ No ☐ Other: \_\_\_\_\_

Endorser for this engagement: \_\_\_\_\_

**State your title(s) & Name of Company. Describe experience (one line is not sufficient) detailing in first person the work you personally performed in design, study, review, testing or other tasks which required your engineering skills. This work should be progressive in difficulty and magnitude; demonstrate sufficient breadth and scope, not a narrow technical skill focus; and reflect the acquired ability to design and apply engineering principles to demonstrate that your judgment may be trusted on projects involving public health and safety. Do not attach resume or project lists. Experience must be verified by PE associates even if you are self-employed.**

Dates		Engagement #:	Title: _____ Name of Company: _____ Experience Description:
From Mo/Yr ____/____	To Mo/Yr ____/____		
Type of Experience		%	
Engineering Design			
Engineering Studies, Reports, Evaluations			
Engineering Research, Data Preparation & Interpretation			
Other Engineering Related Activities			
Non-Engineering (including surveying)			

**Section 6B – To Be Completed by Endorser**  
**Applicant's description in Section 6A above is:**

☐ Accurate ☐ Inaccurate *Explain if inaccurate:* \_\_\_\_\_
Were you the applicant's direct supervisor for this engagement? ☐ Yes ☐ NoIf direct supervisor, were you a registered engineer? ☐ Yes ☐ No State Registered/#: \_\_\_\_\_

Discipline: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Signature: \_\_\_\_\_

**Section 6-C (to be completed by the endorser/reference)**

The Georgia Board prefers that you mail this form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, GA 31217-3858, please make a blank copy of this form and mail it back to the applicant following the directions above, then mail the completed form to the Board.

Name of Applicant: \_\_\_\_\_

1a. How well do you know the applicant: ☐ very well ☐ well ☐ slightly ☐ not at all

1b. List dates (months and years) of contact with the applicant: \_\_\_\_\_ to \_\_\_\_\_

1c. Basis of contact: ☐ As the applicant's PE supervisor ☐ As an associate or co-worker in Engineering work☐ Other (explain): \_\_\_\_\_ ☐ Are you related by blood or marriage? ☐ Yes ☐ No2. Do you have personal knowledge of the applicant's engineering work? ☐ Yes ☐ No If yes, complete entire form.  
If no, complete only items 3 & 10.

3. What is your opinion of the applicant's personal integrity and reputation? \_\_\_\_\_

4. Would you employ applicant in a position of trust: ☐ Yes ☐ No If no, explain: \_\_\_\_\_

5. Using the interpretation below, please rate the practice and quality of performance of the applicant's engineering work.

Type of Practice	Responsible Charge		Above Average	Average	Below Average	Unsatisfactory	Unknown
	Yes	No					
Engineering Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Data Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Interpretations:**

Above Average: Performance unquestionably of a professional level demonstrated through competence and creative ability.

Average: Work not distinguished in content or level, but adequate for engineering purposes indicating an ability, under some supervision, to produce workable design of systems and products.

Below Average: Performance needs careful checking and rather close supervision to meet requirements.

Unsatisfactory: Inadequate for "the purpose of safeguarding life, health and property."

Unknown: Did not review work or work with applicant in this area. Cannot determine proficiency.

6. Licensure in Georgia is not by classification of any discipline of Engineering practice. However, the Board is interested in the applicant's background and experience and appreciates your appraisal in selecting the discipline in which the applicant is most proficient.

☐ Civil Breadth with Depth in: ☐ Environmental ☐ Geotechnical ☐ Structural ☐ Transportation ☐ Water Resources☐ Structural I ☐ Electrical ☐ Environmental ☐ Mechanical ☐ Other \_\_\_\_\_7. Considering the need to protect the public health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility: ☐ Qualified ☐ Additional Experience Needed ☐ Unqualified

8. Remarks: The Board will appreciate additional information or amplifying information regarding the applicant's engineering experience, capabilities, or limitation, if any. Use reverse side for continuation of comments, if necessary.

9. Based on the definition of the practice of engineering, GA Law 43-15-2(11), do you recommend the applicant for PE licensure? ☐ Yes ☐ No

10. I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Print Name: \_\_\_\_\_

First MI Last

State of PE License/Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Discipline: \_\_\_\_\_

Present Position: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEAL

If licensed, please verify with professional engineer seal with signature.



Georgia State Board of Registration for  
Professional Engineers & Land Surveyors

**VERIFICATION OF OUT-OF-STATE LICENSURE  
EXAMINATION AND REGISTRATION**

☐ **Instructions to the Applicant:**

1. The Applicant should:
  - a. Complete his or her name and address on the top portion, upper right corner on the reverse side of this form.
  - b. Fill in the name of the state board completing this form.
  - c. Forward this form to the out-of-state board where the applicant is certified or registered.
2. **Comity Applicants** should:
  - a. Submit a form to the state of their Engineer-In-Training (EIT) **and** to the state of their initial Professional Engineer (PE) registration.
  - b. If registration is not currently valid in the state of the initial registration, submit a form to the state where a current valid registration is held.
  - c. If the applicant currently lives in a state other than initial licensure, submit a form to that state. If the applicant is not licensed in the state of residence, please indicate in Section 1 of the application.
3. This form may be copied if necessary.

☐ **Notes to applicant:**

1. It is the policy of some states/agencies is to only send the verification/documentation directly to the Georgia Board rather than to the applicant. This is permissible.
2. It is the policy of some states/agencies to charge a fee for verification and if so, the state will not process the request until the fee is received. Before you mail this verification request to the state Board, check their website or call them to verify their fee policy.

☐ **Instructions to the Out-of-State Board:**

The Out-of-State Board should complete Sections 1 - 4 on the reverse side of this form, enter the appropriate state name, and return to the applicant in a sealed envelope with an official signature on the flap of the envelope to assure no tampering. The Georgia Board will not accept this form to be transmitted via e-mail or fax.

**REQUEST FOR VERIFICATION OF REGISTRATION OR EXAMINATION FOR PE COMITY APPLICANT**

TO (State Requested): \_\_\_\_\_ Date: \_\_\_\_\_

FROM: **GA Board of PELS** Name: \_\_\_\_\_

**237 Coliseum Drive** Address: \_\_\_\_\_

**Macon, GA 31217** City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**1. THE ABOVE NAMED PERSON WAS CERTIFIED OR REGISTERED AS:**

	Certificate #	Date Issued	Valid Until
<input type="checkbox"/> Engineer-In-Training/Engineer Intern.....	_____	_____	_____
<input type="checkbox"/> Professional Engineer.....	_____	_____	_____
<input type="checkbox"/> Land Surveyor-In-Training/Land Surveyor Intern.....	_____	_____	_____
<input type="checkbox"/> Land Surveyor.....	_____	_____	_____

**2. BASIS OF REGISTRATION:**

		Hours	(Pass/Fail) Results	(Yes/No) NCEES	Exam Date
<input type="checkbox"/> Written Examination:	FE	_____	_____	_____	_____
	PE	_____	_____	_____	_____
	FLS	_____	_____	_____	_____
	LS	_____	_____	_____	_____
<input type="checkbox"/> Other	Other	_____	_____	_____	_____

☐ Examination Option: \_\_\_\_\_ (Discipline)

☐ Oral Examination:                      Hours – PE \_\_\_\_\_                      Hours – LS \_\_\_\_\_

☐ EIT/LSIT Accepted from: \_\_\_\_\_

☐ PE/LS Accepted from: \_\_\_\_\_

☐ Other: \_\_\_\_\_

**3. QUESTIONS:**

1. Has any disciplinary action ever been taken against the applicant?                      Yes ☐                      No ☐
2. If so, has this disciplinary case been satisfied to the Board's requirements?                      Yes ☐                      No ☐
- (If not, give details):

**4. REMARKS:**

**(BOARD SEAL)**

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying State: \_\_\_\_\_

(If a fee is required, **please notify the applicant** but **do not delay** the processing of this form)



OFFICE OF SECRETARY OF STATE  
**PROFESSIONAL LICENSING BOARDS DIVISION**  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440

CONSENT FORM

I hereby authorize the Board of Registration for Professional Engineers and Land Surveyors ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

- ☐ This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- ☐ I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

- \_\_\_\_ Working with mentally disabled  
\_\_\_\_ Working with elder care  
\_\_\_\_ Working with children



**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name \_\_\_\_\_

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]